Questionnaire for patients, accompanying persons and visitors Coronavirus COVID-19

Dear Patients,
Due to the Corona Virus (COVID- 19) disease, the Heidelberg University Hospital is conducting a **general questionnaire** for **all patients, accompanying person and visitors**, who **are possible contacts** and/or have **experienced symptoms**. This allows for you, the other patients, and for us to be safe and to prevent the spread of the virus. Please remember that relatives accompanying you, who are staying in the family room, in the delivery room or in the ward for a long period of time must complete the questionnaire. Thank you for your help and support!

Personal Data (regarding your own person)

Name, First Name: ……

Ggf. Patientenetikett einkleben

Tel.: …… Address: ……

……

I am

☐ Patient

Date of birth: …… Day of Admission/Day of Surgery: ……

I am

☐ Accompanying person / visitor

of

Visited person: …… Arrival time: ……

Station: …… Current visit date: ……

COVID- 19 (Corona Virus Disease) Questionnaire Please answer the following questions completely.	
1) Do you experience acute symptoms (e.g. newly developed cough, shortness of breath, fever, problems with your sense of smell and/or taste)?	Yes ☐ No ☐
2) In the last 14 days, have you been in contact with a person, who has been diagnosed with COVID-19 within the last 4 weeks and/or has a quarantine been declared because of contact to an infected person?	Yes ☐ No ☐
3) Are you currently quarantined because of an acute infection with COVID-19?	Yes ☐ No ☐
4) Have you fallen ill with COVID-19 within the last 4 weeks?	Yes ☐ No ☐
5) Are you currently quarantined because you spent time in a high risk area or area of variants of concern as defined by the RKI ?	Yes ☐ No ☐

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Signature of patient Signature of employee/doctor

To remain in the patient file for patients. For visitors, the questionnaire will be archived for 4 weeks on the stations